Early Childhood Relationship Support Project (ECRSP)

Data Report

Summary of Activities October 1, 2005 to March 31, 2006

Prepared by the ECRSP Policy Steering Committee for the Learning Conversation with First 5 Placer County May 25, 2006

Who We Served

<u>Outcome</u>: Children are in supportive relationships with primary caregivers and are able to demonstrate developmentally appropriate social-emotional behavior.

<u>Performance Measure:</u> Demographics (number of 0-5 served by gender, age, ethnicity and when services were provided).

<u>Table 1:</u> Children Served in Promotion, Preventive & Therapeutic Intervention Consultations

	Preventive &	Preventive Intervention without		Promotion
	Therapeutic	Children Present		with/without
	Intervention with	(consultations with)		Children Present
	Children Present	Direct Service	Management &	(Promotional
	(from ECRSP staff)	Provider	Supervisors	Events)
Totals	16 (8 new)	285	340	188
Demographics	16	214	267	
Gender				
Males	11	95	134	
Females	5	119	133	
Ethnicity				
African	2	7	27	
American				
Asian	0	12	21	
Caucasian	9	171	165	
Hispanic	4	21	39	
Native	0	0	3	
American				
Other/Mixed	1	3	12	
Ages				
Less than 1	3	9	11	
year				
1 year	0	16	23	
2 years	3	41	55	
3 years	5	57	89	
4 years	2	44	35	
5 years	3	47	54	

- 16 Children, aged 0-5 years, and their families were served directly by the ECRSP staff in the second and third quarters of fiscal year 2005-2006.
- 813 Children, aged 0-5 years, and their families and service providers were served through Preventive Intervention and Promotion.
- Preventive and Therapeutic Intervention services to children and families (direct child contact from ECRSP staff) had the following characteristics:
 - o 8 children were new clients, 8 were continuing clients.
 - o Children and families were served in one or more environments where they typically spend their day (e.g. childcare, home).
 - o Services were typically delivered in weekly sessions, lasting 1 hour.
 - o The average length of service for children and families was 5 months.
 - o Most children and families were served for at least 4 months.
- Preventive Intervention Services without children present (consultations with service providers, managers, and supervisors) had the following characteristics:
 - o Consultations with collaborative agency staff regarding: specific cases, service delivery, supervision and management.
 - o Agencies represented in these tallies include: PCOE Child Development, PCAC, CSOC, schools, and childcare/preschools.
- Promotion Services through events:
 - We reached families and children through the Outcome Faire and Preschool provider events.
 - We discussed our services, philosophy and child-led play approach with families and service providers.
 - One family (that we met at the Faire) and their service providers began receiving our consultation services in late October.
 - We were not able to use our checklist to tally demographics for children because children were not present at the promotional events.

Key Points:

- ➤ We are reaching a balanced number of male and female children through our Preventive Intervention services.
- ➤ We are reaching younger children and their parents (less than 3 years old) through our Preventive Intervention services.
- Our Consultation and Therapeutic Intervention services reach a wide variety of families and service providers.

Outcomes for Preventive & Therapeutic Intervention

<u>Outcome</u>: Children are in supportive relationships with primary caregivers and are able to demonstrate emotionally appropriate behavior.

Performance Measure: PIRGAS & ITSEA

<u>PIRGAS</u>: Parent-Infant Relationship Global Assessment Scale: A rating system for assessing parent-infant relationships and diagnosing relationship disorders from the Diagnostic Classification System of 0-3.

<u>ITSEA</u>: Infant-Toddler Social Emotional Assessment: An assessment system designed to help parents and other caregivers rate a child's social-emotional behaviors.

Table 2: Categories & Scoring Ranges of the PIRGAS

<u>rable 2.</u> Categories & Scornig Ranges of the 1 INO/15			
PIRGAS			
Scores & Categories	Scores &		
	Valid Categories		
10 Grossly Impaired	< 40		
20 Severely Disordered	Disordered		
30 Disordered			
40 Disturbed			
50 Distressed	40-79		
60 Significantly Perturbed	Tendency		
70 Perturbed			
80 Adapted	>79		
90 Well Adapted	Adapted		

<u>Table 3</u>: ITSEA T Scores for Children 12-36 Months

Child	Externalizing	Internalizing	Dysregulation	Competence
AS	62	55	69	39*
JW	59	44	56	35*
JR	51	48	57	39*

Table 4: PIRGAS & ASQ-SE Categories for Dyads in Direct Service for at Least 2 Months

DYAD	PIRGAS 1	PIRGAS 2	ASQ-SE 1	ASQ-SE 2
1	<u>Disordered</u>	Tendency	Refer	Refer
2	Tendency	Adapted	Do Not Refer	Do Not Refer
3	Tendency	Adapted	Do Not Refer	Do Not Refer
4	Tendency	Adapted	Refer	Refer
5	Tendency	Adapted	Refer	Do Not Refer
6	Tendency	Adapted	Do Not Refer	Do Not Refer
7	Disordered	Tendency	Refer	Refer
8	Tendency	Adapted	Refer	Do Not Refer
9	Tendency	Adapted	Refer	Do Not Refer
10	Adapted	Adapted	Refer	Refer
11	Tendency	Tendency	Refer	Refer
12	Tendency	Adapted	Do Not Refer	Do Not Refer
13	Tendency		Refer	
14	Tendency		Do Not Refer	
15	Adapted		Refer	_

PIRGAS

- <u>Initial Ratings</u> (PIRGAS 1 at beginning of service)
 - o 13% (2) of the Dyads were rated as having a "Disordered" relationship.
 - 73% of the Dyads were rated as having a "Tendency" towards a disordered relationship.
- Findings after Service (PIRGAS 2)
 - o Of the 12 Dyads with repeat assessments, 9 were rated as having an "Adapted" relationship.
 - o 3 were rated as having a "Tendency" towards a disordered relationship.

ITSEA

- All three of the children in the age range for the ITSEA were rated by their parents as not having clinically significant issues in Externalizing, Internalizing and Dysregulation behaviors.
- o All three of the children were rated by their parents as having clinicially significant deficits in Competence behaviors (e.g. attention, play, social).

Key Points:

- > The Project's relationship-based consultation approach continues to positively impact on parent-child relationships.
- > The ITSEA is not sufficient for the Project's social-emotional assessment needs. Another measure is being researched.

Capital Sustainability

<u>Outcome</u>: Children who are not eligible for categorical services will have access to early childhood mental health services.

<u>Performance Measure:</u> Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds by payer source and agency.

- Medi-Cal and private insurance billing procedures have been established.
- Of the 16 children served in the 2nd and 3rd quarters of this fiscal year through Preventive & Therapeutic Intervention consultations with direct child involvement:
 - o 5 were fully funded by First 5.
 - o 4 were funded by MOU arrangement with SELPA.
 - o 4 were funded through MediCal (arrangement with CSOC).
 - o 3 were partially funded by fee for service arrangements and partially funded by First 5.

Key Points:

➤ The Project now has multiple funding sources for its direct service.

Social Sustainability

<u>Outcome</u>: A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.

<u>Performance Measure:</u> Instrument measuring skills and competencies of the Training Institute participants.

- The ECRSP put on two trainings in Reflective Practices with Dr. Victor Bernstein in October and March. In these trainings, open-ended discussions of effective skills were recorded to assess participants' skills and competencies (e.g. discussion of "helpful principles and practices" that participants were utilizing.).
 - o Participants in the second training endorsed a high use of effective principles and practices. Some of the 12 practices endorsed include:
 - Focusing on what is working
 - Pointing out what the child is doing well to the parent
 - Valuing Parents Looking at their strengths
 - Role model community and developing relationships
- The ECRSP continues to work together in the Infant Toddler Systems Action Workgroups to focus on relationship based mental health interventions for children prenatal to five.
 - The survey instrument for these groups has been developed (see Appendix A).
 - The instrument was given to ITSAW members. The following results have been returned.

<u>Table 5</u>: Responses to Items in Service Provider & Supervisor Survey (n = 7)

Principle and Item Numbers		% Checked (#)	Personal	Agency
			Ability (median)	Integration (median)
Asset Based/Strength Based	1	71 (5)	3	2.5
	2	57 (4)		
Continuum of Services	3	57 (4)	2.5	2
	4	43 (3)		
Early Relationships	5	29 (2)	2.5	2
	6	43 (3)		
Empowering Approaches	7	57 (4)	2	1.5
	8	43 (3)		
Family Centered	9	57 (4)	3	2.5
	10	57 (4)		
Family's Culture and Beliefs are Key	11	43 (3)	3	2.5
	12	43 (3)		
Multidisciplinary Approach	13	57 (4)	3	2.5
	14	71 (5)		
Parallel Process	15	43 (3)	1.5	1
	16	43 (3)		
Positive Change Creates Ripples	17	57 (4)	3	2.5
	18	71 (5)		
Prevention and Reduction of Risk	19	43 (3)	2.5	2.5
Reflective Practice	20	71 (5)	Χ	X
	21	57 (4)		

o The ITSAW members appear to be the strongest in the Principles of: Asset/Strength Based, Family Centered, Multidisciplinary Approach, and Positive Change Creates Ripples.

Social & Capital Sustainability

<u>Outcome</u>: A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.

<u>Performance Measure:</u> Service delivery policy and MOU's with collaborative partners.

- The ECRSP's service delivery policy is in effect (see Appendixes B & C):
- A Partnership Agreement exists between ECRSP partner agencies.
- Seven MOU's between the partner agencies are complete.
- Through MOU arrangements children, families, and service providers were served:
 - o With a package of services from MediCal (Children's System Of Care).
 - o By funding through the Special Education Local Plan Area.
 - By joint funding of trainings as a part of the Early Childhood Training Institute.
 - By Reflective Practices provided to Placer Community Action Council supervisors and managers.
 - o By Consultations provided to all collaborative agencies.

Capital Sustainability

<u>Outcome</u>: The percentage of money used for direct services now funded independent of First 5 (10%) will be maintained in 2005-2006.

<u>Performance Measure:</u> Non First 5 funds received and used in direct services by number of children/agency.

- Funds were provided by:
 - o MediCal (through CSOC) package of services for 4 families so far (\$5544)
 - o An MOU arrangement with the Special Education Local Plan Area, providing \$35,000 of funding. 4 families so far have been served.
 - o Private pay with 3 families
 - o Fees provided for consultation by Placer Community Action Council, Special Education Local Plan Area, Child Abuse Prevention Council, and Placer County Office of Education Child Development Services.

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EARLY CHILDHOOD RELATIONSHIP SUPPORT PROJECT <u>DRAFT</u> Service Provider and Supervisor Survey <u>DRAFT</u>

To help us better understand the strengths in our service community, and to help us in considering where to focus our work to support our services in the future, please participate in the following survey. Your individual responses will be confidential. We appreciate your help in doing this survey. We have added a section for comments after each group of approaches. Please use this space to list questions or needs.

Name of Agency:		
Job Title/Profession:		
Please Circle One:	Direct Service Provider to Families	Supervisor/Manager

Below is a list of skills and strategies related to relationship based work. Please check the items on the list that you use regularly in your work. Put a question mark by items you are not sure about or that you find more difficult to implement. A good way to think about this is to try to recall examples of each approach from your current work. If the examples come easily it is likely that you understand the strategy. If not, a question mark may be the better choice.

ASSET BASED/STRENGTH BASED APPROACHES

- 1. When meeting with a family for the first time, I try to find out as much as possible about their concerns, problems and assets.
- 2. When a parent or service provider is talking about problems with a child or family, I listen and comment on the positive things I hear or the parent or providers wish to make things better.

CONTINUUM OF SERVICES AND COLLABORATIVE PLANNING

3. When offering service to a family, I work with the family figure out the services the family needs and wants and can use at the time.

4. When working on plans of service to families I consider their needs for other services and how I can coordinate with the family and these service providers.

NATURE AND QUALITY OF EARLY RELATIONSHIPS SHAPE LATER DEVELOPMENT

- 5. In my service to children and families, I focus on interactions between child and parent rather than focus exclusively on either child or parent needs.
- 6. In talking with parents and/or service providers about children and families, I focus on the power of positive parent child relationships to shape development.

EMPOWERING APPROACHES

- 7. I share my expertise with parents or service providers by listening and offering ideas tentatively based on what parents' say and on my own observations.
- 8. When I see something that parents or service providers have changed, I comment and help the service provider or parent acknowledge the efforts that they have made to set the change in motion.

FAMILY CENTERED COLLABORATION

- 9. In developing a plan of service for a family with a family, or with a service provider, I focus on helping them to think about what they want and need.
- 10. In thinking about work with families I tend to offer and explain choices and focus in on how the family seems to want to work.

FAMILY'S CULTURE AND BELIEFS ARE KEY

- 11. I work to understand a child's behaviors from the point of view of the beliefs expectations that the family has shared, my own disciplinary background, consultation with others, and reflection about all sources of information.
- 12. I talk about the meaning of a child's behaviors taking into account the beliefs and expectations of the family, the family's concerns, and my own knowledge and observations.

MULTIDISCIPLINARY APPROACH

- 13. I work with/encourage work with other service providers and different points of view and expertise often.
- 14. When talking to families, or discussing families with service providers, I ask about what other services they are getting often and in different ways.

PARALLEL PROCESS

- 15. To help promote children's development, I work with, or I encourage service providers to work with parents to support parent-child interactions.
- 16. In working with parents or service providers, I listen for their knowledge and comment and ask questions based on their knowledge in addition to building on their knowledge with addition information I have.

POSITIVE CHANGE CREATES RIPPLES

- 17. When I see a positive change in a family or service provider, I comment on it no matter what it is.
- 18. I work to support positive change in a family and/or service provider no matter what it is.

PREVENTION AND REDUCTION OF RISK

19. I focus efforts and resources on the youngest children within our scope of work often.

REFLECTIVE PRACTICE

- 20. In learning about a child and/or a parent with a parent or service providers, I listen and comment and ask questions to understand fully.
- 21. In working with a family or service provider from a different culture than my own, I listen and try to find common understandings and may ask questions if I do not understand a belief or practice.

11 Principles, Cornerstones and Guiding Practices of Early Childhood Mental Health on a regular basis in your work. Please look at the following rating scale and put your own rating by each of the 11 Principles, Cornerstones and Guiding Practices. Understand and comfortable with application of principles 4 Understand but would like to strengthen my skills Am unclear about applying the principle 2 Need to build understanding of the principle _____ Asset Based/Strength Based _____ Continuum of Services Nature and Quality of Early Relationships Shape Later Development _____ Empowering Approaches _____ Family Centered Family's Culture and Beliefs are Key ____ Multidisciplinary Approach _____ Parallel Process Positive Change Creates Ripples ____ Prevention and Reduction of Risk Parallel Process Please comment on your agencies integration of the 11 Principles, Cornerstones and Guiding Practices of Early Childhood Mental Health on a regular basis in their work. Please note you can use more than 1 rating for each item. Agency policies and practices reflect the 11 principles 4 Staff are trained and supervised in ways to integrate the 11 principles 3 There are different levels of understanding and acceptance of the 11 principles 2 There is little on-going acknowledgement or support of these principles and practices. 1 _____ Asset Based/Strength Based Continuum of Services _____ Nature and Quality of Early Relationships Shape Later Development _____ Empowering Approaches _____ Family Centered Family's Culture and Beliefs are Key _____ Multidisciplinary Approach Parallel Process Positive Change Creates Ripples _____ Prevention and Reduction of Risk

Please comment on where you are personally in your ability to use the

Parallel Process

EARLY CHILDHOOD RELATIONSHIP SUPPORT PROJECT INFRASTRUCTURE AND SERVICES OUTLINE

- County-Wide Systems Change
 - o Early Childhood Training Institute
 - o Policy Steering Committee
 - o ITSAW
 - o Consultations with Organizations
- <u>Promotion Services</u>
 - o Early Childhood Training Institute
 - o Promotional Items: bookmarks, pens
- Consultations with Service Providers
 - o Regarding Work with Clients (in general)
 - One- to Two-time (phone or in-person)
 - Short-term (contracted)
 - o Regarding a Specific Family & Child
 - One-time (phone or in-person)
 - Short-term (contracted, 2-3 sessions)
 - Social-Emotional Assessment (contracted)
 - 2-3 months
 - Written Report
 - o Developmental (ASQ)
 - Social-Emotional: ITSEA, PIRGAS, behavioral & clinical observation, temperament.
 - Suggested Interventions
 - Intermittent Ongoing Consultation as needed
- Therapeutic Intervention
 - o Relationship-Based
 - Child-Led Play
 - Floortime
 - Watch, Wait & Wonder
 - Video Analysis & Feedback
 - Fee for Service, Insurance Billing
 - o 3 months and re-assess
 - o Intermittent Ongoing Consultations as needed

CONSULTATION REFERRAL PROCESS Outline

1. Initial Contact Regarding Client

- a. Obtain Request for Consultation, Times for Consultation, and Authorization to Share Information
- b. Discuss Referral & Consultation Process with Provider to Understand
- c. Fill in Intake Screening and establish Fee for Service

2. Scheduling Consultation

- a. Fit into Times for Consultation (finalize with Provider)
- b. Site should be either Home or site within Provider's Scope of Work

3. Consultation

- a. Explain desired process of Consultation (as outlined below)
- b. Discuss the reason for the referral (behaviors)
- c. Listen to Parent(s)' concerns & understanding of meanings
- d. Listen to Provider's concerns & understanding of meanings
- e. Discuss Social-Emotional Assessment Process & determine if Parent(s) Agree to the process
- f. If Parent Does Not Agree:
 - i. Discuss Possible Referrals & Interventions (if desired)
 - ii. Discuss Possible Future Consultations (if desired)
 - iii. Close with Parent(s)
- g. If Parent Does Agree:
 - i. Review & Sign Assessment Consent form
 - ii. Schedule Future Visits with Provider & Family